

45145 W. Madison Ave. P.O. Box 610 Maricopa, AZ 85239 Ph: 520.568.9098 Fx: 520.568.9120 www.maricopa-az.gov

## ZONE CHANGE REQUEST APPLICATION

SECTION I: PROPERTY OWNER(S)				
Name:				
	Fax:			
*If more than one owner, attach additional sheet with na	ames, addresses and signatures as requested below			
SECTION II: APPLICANT INFORMATION & PRIN	MARY CONTACT INFORMATION			
Applicant Name:				
	Fax:			
Primary Contact Name:				
Affiliation with Project:				
Phone:	_ Fax:			
Email:				
SECTION III: PROPERTY				
Street Address:				
General Location:				
Assessor's Parcel Number:				
Legal Description (Section, Township & Range):				
Size (Gross & Net Acreage):				



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SECTION IV: USE							
Project Name:							
Existing Zoning I	Existing Zoning District:						
Existing Use of the Property:							
Proposed Zoning:							
General Plan Clas	ssification:						
Describe the prop	osed use, the oper	ations of the use and the fa	cilities proposed fo	or the land use:			
Proposed Land Uses:							
Single Family Re Manufactured Ho Multi-Family Res Commercial Industrial Mixed Use Other	mes idential	Acres   Acre	Units Units Units Units Units Units Units	Gross & Net Density			
SECTION V: SI	UBMITTAL RE	QUIREMENTS					
Please provide the following (attach additional sheets):  Office Check-In Use Only Use Only    Project narrative (scope of work proposed)    Project narrative (							
<ul> <li>□ Screening, walls and/or fences</li> <li>□ Other information as requested by the City</li> <li>□ Title Report (no older than 60 days) verifying the Applicant as property owner</li> <li>□ ALTA Survey (no older than 90 days)</li> </ul>							



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Office Check-I Use On		Applicant Checklist									
		Neighborhood Notification Letters  Once staff has approved the applicant's neighborhood notification letters applicant must mail out advisory letters to all adjacent property owners within three hundred (300) feet of the external boundaries of the subject property. Copies of the Neighborhood Notification Letter Template are available online.									
	Mailing Instructions: Letters must be sent via certified mail and with the City's mailing address as the return address: City of Maricopa Planning Department Case #P.O. Box 610 Maricopa, AZ 85239										
	Submittal to City:										
				dvisory letter mailed to all property own	ners within three hundred (300) feet of						
	[	<b>–</b> (									
	[	<b>–</b> (									
				derived, showing adjacent properties and as derived (i.e. name of Title company) \$30/acre	noting existing land uses and zoning.						
I have read the Zone Change Request Application and understand that if my application is not complete in all respects, it will not be processed until such time as it is complete. I also understand that this Zone Change Request Application must be submitted concurrently with a Site Plan Review Application.											
- (	Signat	ure	of Applicant	Print Name	Date						
	_		of Property Owner	Print Name	Date						
*If more than one owner, attach additional sheet with names, addresses and signatures											
Case 7		mitt	al:	OFFICE USE ONLY Zoning Map #: Accepted by:	Fees:						
				-	TT 1 4 14 15 00						